



KING COUNTY PROSECUTING ATTORNEY

Volunteer Intern Application

APPLICATION DATE: _____

Assigned Unit: _____

Start Date: _____

Termination Date: _____

Supervisor: _____

_____ Last Name	_____ First Name	_____ Middle Name	_____ Street Address
_____ Home Phone Number	_____ Work Phone Number	_____ City	_____ State Zip

PREFERRED UNIT, AND LOCATION

<input type="checkbox"/> Downtown Seattle	<input type="checkbox"/> Regional Justice Center, Kent	<input type="checkbox"/> Capitol Hill	<input type="checkbox"/> Other _____
____ District Court Unit _____ (Paralegal Internship)	____ Juvenile Division (Paralegal Internship)		
____ <i>Preferred Court</i>			
____ Victim Assistance Unit (Notification & Restitution)	____ Victim Assistance Unit (Juvenile)		
____ Victim Assistance Unit _____ (Domestic Violence)	____ Victim Assistance Unit (Order for Protection)		
____ <i>Preferred Court</i>			
____ Sexually Violent Predator Unit	____ Trial Team Unit		
____ Special Assault/Domestic Violence Units	____ Fraud Division		

KING COUNTY

Have you ever been involved in a lawsuit against King County or a county agency? If yes, give date of lawsuit: _____

Give details: _____

Are you, or have you been employed by King County? ☐ Yes ☐ No

Department: _____ Position: _____ Date Terminated: _____

EDUCATION

COLLEGE: _____ DEGREE: _____

FROM _____ TO _____ MAJOR/MINOR: _____

PARALEGAL/TECHNICAL PROGRAM: _____

COMPLETION DATE, OR DATES ATTENDED: _____

EMPLOYMENT

Beginning with your present or most recent employment, please list your work experience history

EMPLOYER: _____	POSITION: _____
FROM _____ TO _____	REASON FOR LEAVING: _____
SUPERVISOR: _____	PHONE NUMBER: (____) _____
OTHER REFERENCE: _____	PHONE NUMBER: (____) _____
MAY WE CONTACT SUPERVISOR, AND OR REFERENCE? _____ IF NO, WHY NOT? _____	

EMPLOYER: _____	POSITION: _____
FROM _____ TO _____	REASON FOR LEAVING: _____
SUPERVISOR: _____	PHONE NUMBER: (____) _____
OTHER REFERENCE: _____	PHONE NUMBER: (____) _____
MAY WE CONTACT SUPERVISOR, AND OR REFERENCE? _____ IF NO, WHY NOT? _____	

SKILLS (CHECK IF APPLICABLE)

___ Keyboarding ___ wpm	___ Dictaphone	___ Filing	___ Reception	___ Customer Service
___ Legal Experience (Area _____)		Office Machines (Type _____)		
___ Computer Skills	() WordPerfect	() Word	() E-mail	() Schedule Plus
() Data Entry (Type _____)	() Excel () Access Other (Type _____)			

EMERGENCY NOTIFICATION INFORMATION

Name: _____	Relationship: _____
Address: _____	
Phone: _____	_____
Work	Home or
Pager	
Name: _____	Relationship: _____
Address: _____	
Phone: _____	_____
Work	Home
Pager	

MEDICAL INFORMATION

Please list any information which would be useful if you were having a medical emergency (allergies to medication, etc.):

I certify that the statements in this application are true and correct. I understand that any false or misleading statement or omission of material fact may affect our decision to offer an internship and/or if offered an internship could result in dismissal. I also understand that a criminal history check will be conducted. I authorize you to investigate and verify any of the information I have submitted in applying for an internship.

SIGNATURE OF APPLICANT

DATE

Qualified applicants receive consideration for internships without reference to race, color, national origin, creed, sex, marital status, age, disability, sexual orientation or any other basis prohibited by local, state or federal law.

VOLUNTARY AFFIRMATIVE ACTION QUESTIONNAIRE

For the purpose of effectively assisting the King County Prosecuting Attorney's Office in meeting our affirmative action goals, we would appreciate your providing the following information. This is entirely voluntary and will remain confidential.

Gender: ☐ Male ☐ Female

Race: Please identify one ethnic origin with which you most identify:

☐ African American/Black ☐ Asian/Pacific Islander ☐ American Indian/Alaska Native
☐ Latino/Hispanic ☐ White/Caucasian